Hepatitis C treatment and reinfection surveillance among people who inject drugs in a low-threshold program in Oslo, Norway

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Disclosures

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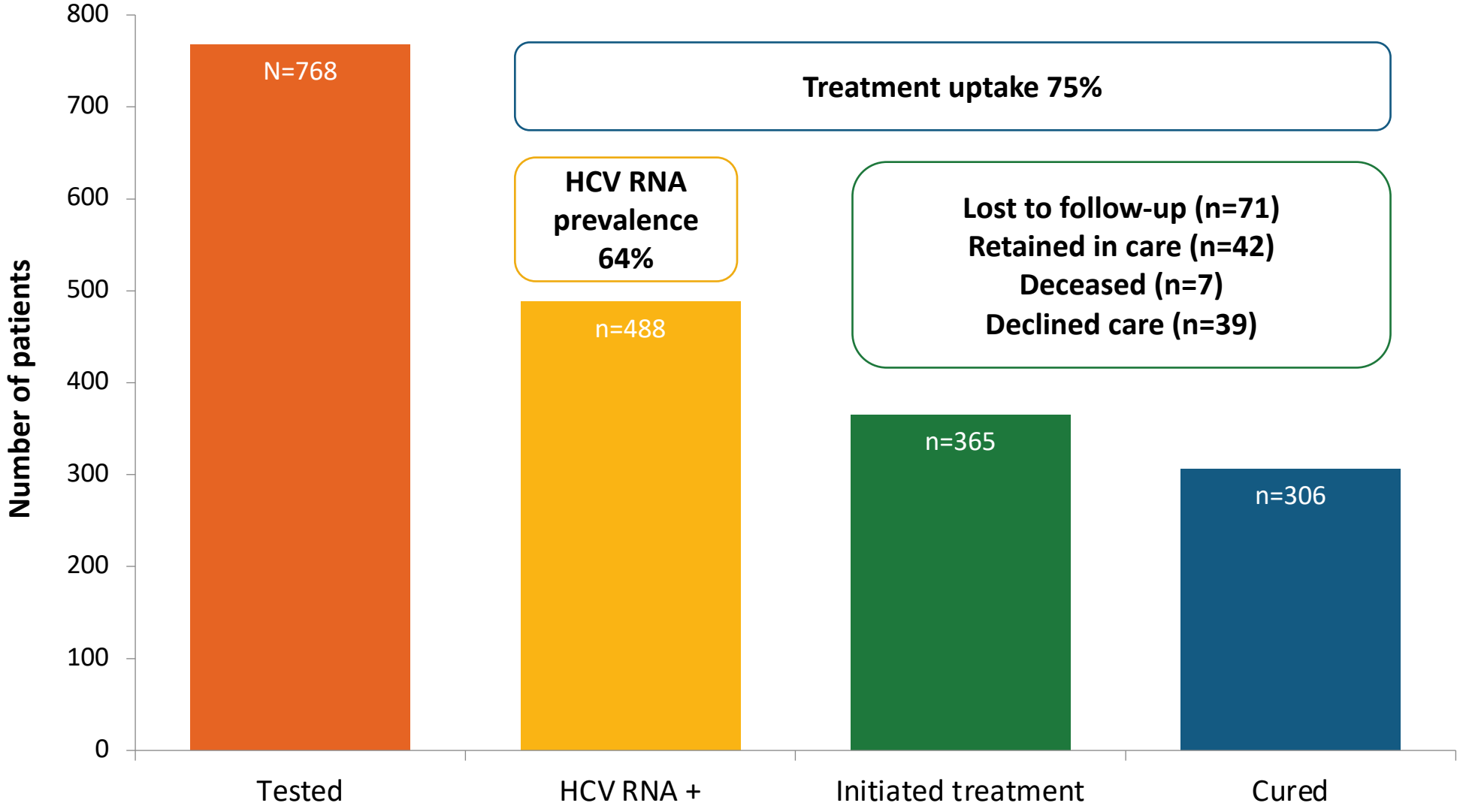
Background, study setting and aims

- Low-threshold HCV clinic established within Oslo's harm reduction services in 2013
- Staffed with a general practitioner and two nurses with specialist support
- Network-based flexible ambulant model of care
- The nurses draw blood and operate a mobile transient elastography device
- Individually tailored DAA treatment according to national guidelines
- Post-treatment follow-up with HCV RNA surveillance at 3 months intervals
- **Aims of the study:**
  - Evaluate DAA treatment effectiveness and reinfection rates in a real-world cohort of PWID
  - Demonstrate the feasibility of systematic reinfection surveillance and retreatment

Results: The cascade of care June 2013 - June 2020



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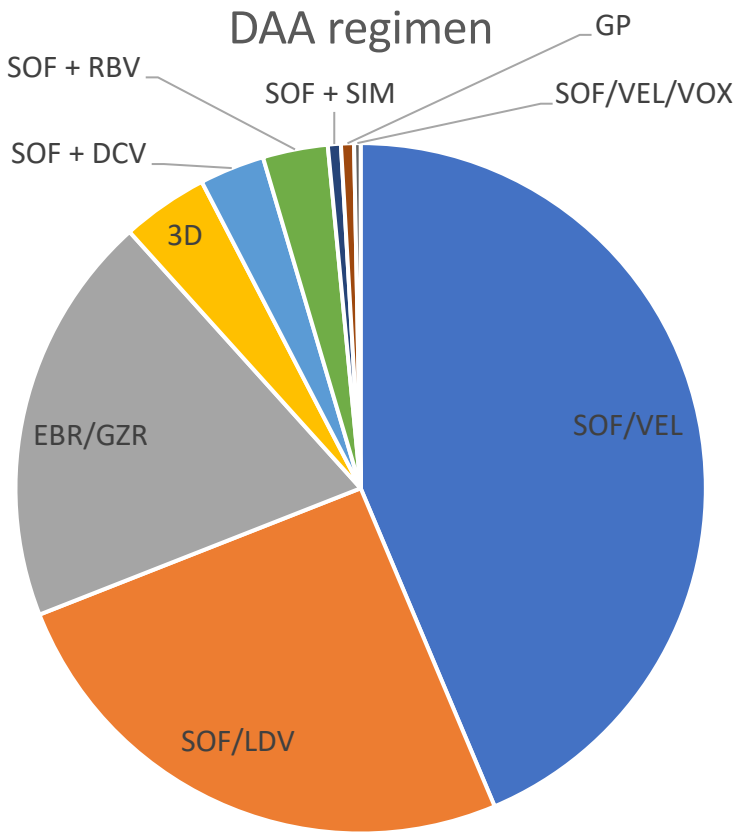
Results: Characteristics of study participants

	n=365
Median age (IQR)	49 (42-55)
Male gender	73%
Unstable housing	54%
History of injecting drug use	100%
Recent (past 3 months) injecting drug use	70%
Current opioid agonist therapy	71%
Drugs most frequently injected	
Heroin	35%
Amphetamines	21%
Mixed	44%
Liver stiffness > 12.5 kPa	17%
Genotype 3	45%



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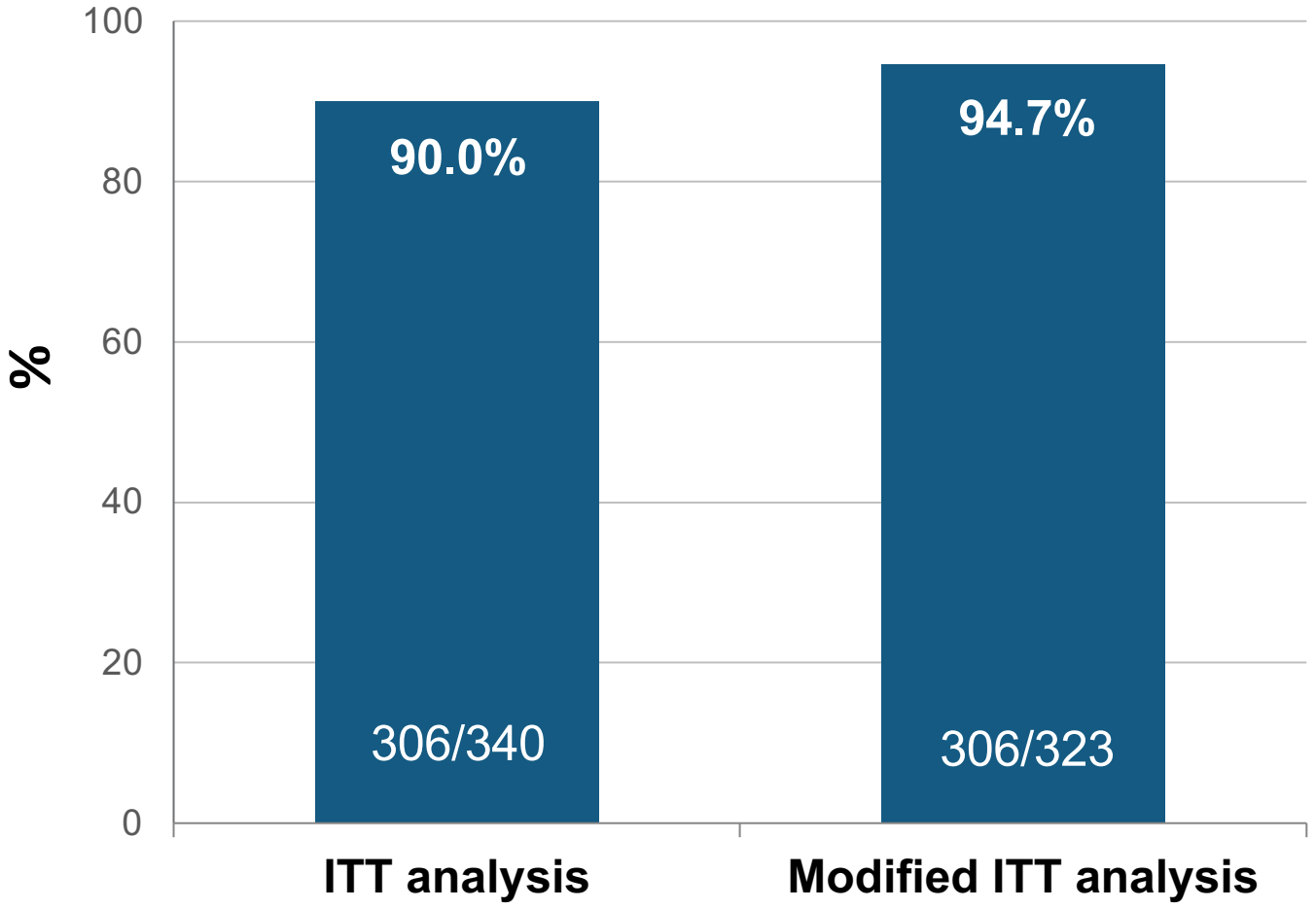
Results: Virologic response



ITT analysis excluded:
Ongoing treatment (n=5)
Pending results (n=18)

mITT analysis also excluded:
Loss to follow-up (n=17)

Treatment failure:
Early discontinuation (n=12)
Virologic failure (n=5)

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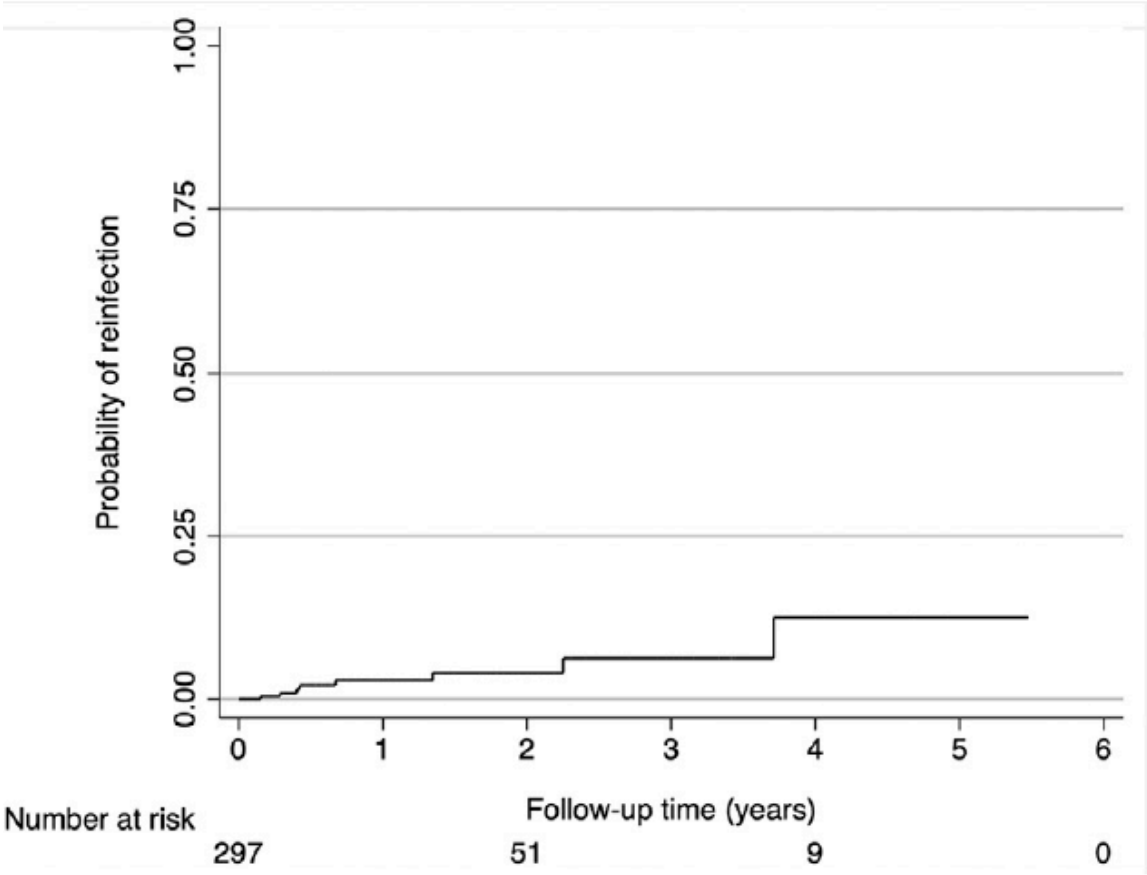
Results: Reinfection surveillance (n=297)

- 8 cases detected over 308 PY of follow-up
- Reinfection incidence
  - Overall: 2.60/100 PY
  - Recent PWID: 3.77/100 PY
  - Mixed drug use: 9.56/100 PY
- Reinfection associated with age
  - IRR 0.37 per 10-year increase in age
- All 8 cases successfully retreated (100% SVR)
- Median time to retreatment 40 wks



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Conclusions

- The study consolidate previous data of the effectiveness of DAA treatment among marginalised PWID
- Provide novel data on reinfection rates and associated factors
- Systematic reinfection surveillance and retreatment in a real-world setting is feasible